## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

		CLAIMS AS	SMALL ER	YTITY		OTHER	THAN					
			(Column	(Column 1)		(Column 2)		TYPE		OR	SMALL	ENTITY
TO	OTAL CLAIMS		87					RATE	FEE		RATE	FEE
FC	R	NUMBER I	NUMBER FILED		NUMBER EXTRA		BASIC FEE	370.00	OR	BASIC FEE	740.00	
ТС	TAL CHARGEA	S min	minus 20= '		* 01		X\$ 9=		OR	X\$18=	1098	
INE	EPENDENT CL	AIMS	/ / minus 3 =		* 7			X42=		OR	X84=	488
MULTIPLE DEPENDENT CLAIM PRESENT								+140=		OR	+280=	
* If the difference in column 1 is less than zero, enter "0" in column 2							į	TOTAL		OR	TOTAL	2476
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	OTHER SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIC PAID I	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDM	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		=		X42=		OR	X84=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+140=		OR	+280=	
BEST AVAILABLE COPY								TOTAL ADDIT. FEE			TOTAL ADDIT. FEE	
		(Column 1)		(Colun		(Column 3)	,	40011.1 E.C.	· · · · · · · · · · · · · · · · · · ·	4	7,0011.1 22	
AMENDMENT B	43.	CLAIMS REMAINING AFTER AMENDMENT	9, 9, 9, 9, 9, 9, 9, 9, 9, 9, 9, 9, 9, 9	HIGH NUMI PREVIO PAID	EST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X42=		OR	X84=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		OR	+280=	
			1	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE					
		(Column 1)		(Colur		(Column 3)			1			
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	• 0	HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	<del>**</del>		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X42=		OR	X84=	·
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										-	
											+280=	<u></u>
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  TOTAL  ADDIT. FEE  OR  ADDIT. FEE  TOTAL  ADDIT. FEE  ***If the "Highest Number Previously Paid For" (Tetal or language) is the highest number found in the appropriate box in column 1.												

## NOTICE OF FEE DUE

DATE: <u>10-23-0</u>	2
TO: OIPE	・ いな っ っ
FROM: Office of Initial Patent Examin	nation
SUBJECT: Fee Due	
APPLICATION NUMBER: 6006	5472
A fee is due for the attached document sub Office for the following reason. Please che authorization to charge a deposit account. charge the appropriate fee. If an authorizatine fee deficiency.	eck the application for the appropriate  If an authorization is present, please
☐ Insufficient fee by check	
Insufficient funds in deposit account	BEST AVAILABLE COPY
☐ Declined credit card	
☐ Non authorization for charge to deposit	account
☐ No fee submitted per requirement **	
The correct fee code: 1202	amount \$ 324
The suspended fee code: 197	amount - \$
Fee Due	amount =\$
If you have any questions, please contact Cy Eleanor Kurtz at 703-308-3642.	ynthia Streater at 703-306-5430 or
Terminal Operator	
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